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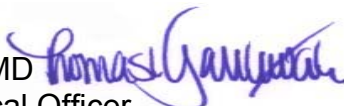
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September 24, 2002

TO: Each Supervisor

FROM: Thomas L. Garthwaite, MD 
Director and Chief Medical Officer

SUBJECT: HEALTH DEPARTMENT BUDGET COMMITTEE OF THE WHOLE

In accordance with your Board's action on December 11, 2001 that established the Health Department Budget Committee of the Whole, this memo is to provide an update on the Department of Health Services' (DHS) fiscal forecast and the steps being taken to implement Scenario III of the Department's system redesign proposal.

Fiscal Forecast

The DHS Fiscal Outlook Summary (Attachment A1) has been updated to reflect changes since the June 20, 2002 Budget Committee-as-a-Whole meeting. The Cumulative Annual Surplus/(Shortfall) from the Fiscal Year 2001-02 Supplemental Budget Resolution has changed as follows:

<u>FISCAL YEAR</u>	<u>JUNE 2002</u>	<u>SEPTEMBER 2002*</u>	<u>LESS: REDUCTIONS APPROVED ON 6/26/02**</u>	<u>SEPTEMBER 2002 AFTER APPROVED REDUCTIONS</u>	<u>FY-END DESIGNATION BALANCE</u>
2001-02	\$ 34.9	\$ 55.8	—	\$ 55.8	\$366.9
2002-03	—	(56.8)	56.8	—	104.3
2003-04	(326.6)	(377.0)	182.2	(194.8)	—
2004-05	(549.2)	(599.6)	309.5	(290.1)	—
2005-06	(709.4)	(761.9)	357.5	(404.4)	—

* For Summary of Changes, see Attachment A2.

** Includes all reductions implemented and to be implemented in Scenario III; does not include proposed fiscal stabilization revenue in Scenario III.

It should be noted from the above that, prior to applying the savings from the June 26, 2002, Board-approved Scenario III reductions, the Department's forecast cumulative annual shortfall for Fiscal Year 2005-06 has increased from \$709.4 million to \$761.9 million, as detailed in Attachment A2.

The increase in the shortfall is attributable to a number of factors, such as general cost-of-living adjustments for salaries, services, and supplies. However, approximately \$79 million of this shortfall is due to revenue losses associated with actions by the federal and state governments.

Under the original Medicaid 1115 Waiver agreement, the federal government advanced the County \$125 million in the initial year, subject to future review of the potential repayment. A review by the State resulted in the determination that DHS should repay \$27.9 million to the federal government. The Department had intended to pay this amount from its DHS audit trust fund and release the balance of \$68 million to finance operational expenses. However, CMS recently notified the Department that it will not consider the \$27.9 million repayment as final, but rather will reserve the right to conduct further review and potentially increase the Department's liability. As a result, the Department now intends to retain the \$68 million in the audit trust fund as a reserve against future potential liability; thus the funds are no longer available to support DHS operations.

The second policy change relates to recent State actions to increase the disproportionate share hospital administrative fee, which will result in a loss of \$11 million in revenue in Fiscal Year 2002-03.

State and Federal Negotiations

The State notified the Department last week that a meeting has been scheduled in Washington, DC with representatives of the Centers for Medicare and Medicaid Services (CMS) for October 9 to discuss the County's waiver proposal.

Additionally, as part of the County's agreement with the State to move forward its waiver proposal to the federal government, the County and State are participating in a series of forums sponsored by the California Endowment to further discuss the health care needs of Los Angeles County. The remaining two forums on inpatient and emergency services and public health services are scheduled September 26 and 27, respectively.

Development of Health Benefits Package

The Department established a medical benefits/coverage work group, which included clinical and administrative representation from across DHS to evaluate the current array of services provided in DHS facilities and the patients to whom these services are made

available. The benefits package developed through this process will be utilized to establish the scope of service to be provided under the LA Access program contained in the Department's Waiver proposal, as well as to serve as a guidepost for the reconfiguration of services delivered in DHS facilities.

The Department has developed for further consideration and review the attached draft list of services that would no longer be paid for or provided by the County to medically indigent patients. This list of excluded services was distributed to your offices and shared with the Department's Planning Advisory Group for their review and comment at the September 20 meeting (Attachment B). A number of concerns were raised at the Planning Advisory Group about the applicability of some of the exclusions related to adult preventive services and pediatric services. The Department will be evaluating these issues concerns as it proceeds with the further development of a benefits package.

The Department continues to evaluate the questions of what services would be provided under a benefits package in relation to the County's obligation under Welfare and Institutions Code Section 17000.

Configuration of Clinical Services

Scenario III proposes a reconfiguration of clinical services to ensure a balanced distribution of care and, to the extent possible, the consolidation of the delivery of high-end, tertiary services in DHS hospitals.

In the Department's June report to the Board, the creation of a single tertiary hospital to which all high-end services would be consolidated was proposed. Upon further analysis, it was determined that because three of the four DHS acute care hospitals will remain as trauma centers under Scenario III, the level of service required in these institutions to support trauma care is beyond that found in a basic community hospital. The terms "basic", "specialty", and "tertiary" as applied to the DHS hospitals are ultimately less important than the clarification of the specific services provided at each facility.

To this end, clinical staff from across DHS have been working to develop a clinical profile of each of the four acute care hospitals that maps out the services, product, and procedures provided at each facility. This clinical profile will allow the Department to move toward a more integrated network in which services are configured to maximize efficiencies and improve health care outcomes, as well as to recognize the critical role the Department plays in the delivery of emergency and trauma services in the County.

The emphasis on the provision of emergency and trauma services in DHS hospitals sets forth certain requirements with regard to the configuration of services, such as the

need for vascular or neurosurgical services to support a trauma program. The results of this evaluation will drive such decisions as where certain high-end services are to be located, which services are to be eliminated, which beds would be eliminated at LAC+USC Medical Center to achieve the 100-bed reduction included in the system redesign, and how residency training programs and the affiliation agreements can be consolidated.

Separate from the work associated with redistributing services across the system, the Department has identified a number of services, such as neonatal intensive care, for potential consolidation, irrespective of the final configuration of services. The siting of these consolidations is dependent upon a final determination as to the size and scope of the DHS system (e.g., Scenario II or III), which hinges on the outcome of the current discussions with the state and federal government over the Department's waiver proposal.

The Department is moving forward with the termination of some services, such as in vitro fertilization and acupuncture, that have been identified for inclusion on the list of excluded services under a DHS benefits package.

Medical School Affiliation Agreements

The Department has identified the need to fundamentally restructure the medical school affiliation agreements to both enhance the integration of medical education program with the redesigned delivery system and to maximize the value received from these relationships.

Many of the decisions associated with renegotiation of the medical school affiliation agreements are dependent upon the clinical service configuration outlined above. Until such time as the Department can identify which services are sited at which facilities under Scenario III, it is difficult to negotiate with the medical schools on the integration of medical student, residency training, and fellowship programs.

Additionally, it is important that the Department have a current and comprehensive map that lays out what training programs are offered at each DHS facility, how many residents are enrolled in each training program, the scope of training offered, and what faculty are assigned to each program. DHS staff are gathering the data necessary to develop a profile for residency training programs similar to that for the clinical configuration of services.

Public-Private Partnership Program

In its January strategic plan, the Department set forth a series of recommendations to strengthen and improve the Public-Private Partnership (PPP) program. These included

enhancing provider performance and tracking and improving contractor accountability. Also, as part of its deficit reduction activities, the Department recommended a reduction in funding for the PPP program, and, in June, your Board voted to eliminate \$15 million in funding for this program.

The Request for Proposals (RFP) for PPP program that was released in February included significant program reforms to recognize the potential larger role of some PPPs in a smaller, but more integrated and efficient, DHS delivery system. The reforms prioritize future funding for PPPs that:

- ▶ Have other critical sources of indigent care funding to leverage with other County resources;
- ▶ Will continue to serve a significant number of indigent patients if the County is forced to further reduce ambulatory care funding;
- ▶ Have strong clinical and administrative leadership who can participate in DHS activities to integrate care across the spectrum of health care services and across the network of public and private providers who make up the safety net;
- ▶ Have a diverse funding base so that there is some measure of stability among these safety net providers if County funding is further diminished; and,
- ▶ Have staff for and provide services in areas that minimize perceived barriers to care, such as culture/language, transportation, and system fragmentation.

The Department also designated a subset of the PPP providers as "Strategic Partners." Strategic Partners are those providers that, as a result of the RFP process, demonstrated fiscal stability; a long-standing commitment to provide indigent care without County funds, if necessary; and an ability to provide a comprehensive array of services equivalent to those required of Federally Qualified Health Centers.

Total funding for the PPP program for the period of October 1, 2002 through June 30, 2003. Total Fiscal Year 2002-03 funding will be \$51 million.

The Department's recommendation for the PPP contracts is before your Board today for consideration.

Implementation of Health Center Closures

The Department sent a memo to your Board on September 11 that contained the checklist of actions being taken to notify the community, including patients, community leaders, and employees of the reductions in service. Included with this memo were:

- ▶ samples of the implementation plan template being used by the facilities;
- ▶ the notices that were sent to patients on August 21 informing them of the impending closure of the health centers;

- ▶ the script that has been developed and distributed to health center staff to enable them to answer patient questions;
- ▶ the notice that was sent to all patients seen at the health center in the past year providing information about other nearby DHS and PPP clinics;
- ▶ the draft of the protocols being used to determine and triage patients based on their acuity; and,
- ▶ the notice about the health center closures that was sent to the city managers of all 88 cities in Los Angeles County.

Nine of the 11 affected clinics ceased seeing patients effective September 13. Patients with scheduled appointments will continue to be seen at the North Hollywood and Tujunga Health Centers through September 30. Additionally, Health Center staff are continuing to triage the 78,300 patients who were seen at these facilities by acuity to ensure the appropriate level of continuing care. Patients will be scheduled for appointments at the remaining DHS facilities based upon the acuity of their condition. Information is being provided to patients about where they can access care in the future, as well as fixed route bus services that serve the remaining DHS and PPP Program Strategic Partners sites.

Additionally, the Office of Ambulatory Care is meeting with the PPP Program Strategic Partners to develop referral procedures for patients for whom the Strategic Partner may be the most appropriate provider. The Strategic Partners will be receiving referrals from DHS sites where the level of care is appropriate, as well as from current PPPs that will not receive funding after September 30.

As a result of the Health Center closures and the Public Health service reductions, the Department has eliminated 490 items, of which 340 were filled. All of the filled positions were mitigated within the Department to critical unfilled vacancies, thus avoiding the need to perform a cascade. Employees were provided written notice on September 16 informing them of their new job location, effective October 1. Some health center staff will remain in their current locations until mid- to late-October to complete the transfer of patient information and the closure of the site.

Transportation Services

One of the issues that has been raised frequently in response to the Department's recommendations to close ambulatory care facilities and reduce services is how to address transportation services to enable patients to access services in remaining DHS facilities. The Department has been working to address fixed route and paratransit services and inter-facility transportation.

Fixed Route and Paratransit Services

DHS is working with the Los Angeles County Metropolitan Transportation Authority (LACMTA) to develop transportation information to be provided to patients seeking services at DHS Health Centers scheduled for closure. Information will be provided to patients about fixed route service that serves open DHS facilities and PPP Strategic Partners, such as the LACMTA Dash. LACMTA will supply cards displaying both the “1-800-COMMUTE” Metro bus and rail information line and Metro Trip Planner Website, www.mta.net for distribution to patients. Information also will be provided to eligible patients about available paratransit services for disabled individuals who are unable to use public fixed route transportation. Copies of the fixed route transportation grid, transit information card, and Access Services brochure are attached (Attachment C).

Additionally, through the DHS Children’s Health Outreach Initiative, 5,000 LACMTA tokens will be available for distribution to patients.

Inter-facility Transportation

DHS presently has in place a system to provide inter-facility transportation services through the utilization of vans, shuttles, and ambulances to transport patients in need of services, such as specialty care, from one DHS facility to another. This system is limited to the transportation of patients between DHS health centers and hospitals.

Each of the local DHS health care clusters will be responsible for completing its own internal analysis of existing patient transportation options, as well as redesigning the programs to meet changing needs, within their existing budgets.

Public Health Service and Administrative Reductions

Public Health

The Beilenson notices posted in August included reductions in a number of clinical services at Public Health clinics, particularly immunization and communicable disease triage clinic sessions. The Beilenson notices included the “worst case” estimates of the number of visits and patient affected. The Department has conducted further extensive review of the staffing patterns, clinic productivity, and clinic utilization. After adjustments in staffing patterns and implementation of opportunities for increased productivity, the Department now expects the impact of this funding reduction on Public Health clinic sessions to be minimal.

The Public Health reductions also include the following:

- ▶ Maternal, Child, and Adolescent Health: A reduction of \$269,000, which will impact the number of training sessions offered for the Comprehensive Perinatal Services Program, the Prenatal Care Guidance program, and other assessment activities.
- ▶ Physical Activity (Exercise) Programs: DHS will cease provision of direct assistance with work place exercise breaks for County and community agency staff, which will result in savings of \$336,000.
- ▶ Public Health Laboratory: Savings of \$300,000 will be achieved as the result of a reduced workload due to the closure of the 11 health centers.
- ▶ Primary Care Access Contracts: The elimination of duplicate services that are provided through the PPP program and the Office of Managed Care will result in savings of \$698,000.
- ▶ Chlamydia Outreach Contracts: Contracts that support community outreach and screening for chlamydia, which have not resulted in the expected outcomes, will be cancelled, resulting in savings of \$400,000.
- ▶ Administrative reductions: Savings of \$3.87 million have been realized as a result of the elimination of vacant positions and reductions in services and supplies.

Administrative Reductions

Under the Department's strategic plan, savings were identified related to administrative consolidations within Health Services Administration. The total amount of savings from Phases I and II was over \$15 million, with the elimination of approximately 180 positions.

Please let me know if you have further questions.

TLG:ak

Attachments (3)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

DHS FISCAL OUTLOOK SUMMARY**September, 2002**

(\$ in Millions)

Fiscal Year	Annual Surplus/ (Shortfall)	Cumulative Annual Surplus / (Shortfall) From FY 01-02			FY-End Designation Balance
		Supplemental Budget Resolution ⁽¹⁾			
		Cumulative Projected Surplus/(Shortfall)	Less: Approved Reductions	After Approved Reductions	
2001-02	\$ 55.8	\$ 55.8	-	\$ 55.8	\$ 366.9
2002-03 ^(1a)	-	(56.8)	56.8	-	104.3
2003-04	(194.8) ^{**}	(377.0)	182.2	(194.8) ⁽²⁾	-
2004-05	(95.3) ^{**}	(599.6)	309.5	(290.1) ⁽²⁾	-
2005-06 [*]	(114.2) ^{**}	(761.9)	357.5	(404.4) ⁽²⁾	-

* First Post-Waiver Year

** Adjusted to include Scenario III reductions approved by the Board.

Notes:

⁽¹⁾ The above estimates do not reflect the potential impact of the following items. Estimates are still very tentative at this time.

OTHER POTENTIAL NEEDS & DEVELOPMENTS

	Annual Revenue/(Cost) \$ Estimates in Millions
? Medi-Cal Upper Payment Limit (UPL) - Possibly phased-in through September 30, 2008.	(\$112.0) (at least) ⁽³⁾
? SPCP Waiver - Potential \$75 million State Medi-Cal SPCP Waiver revision beginning in FY 02-03 (loss may be absorbed by Medi-Cal UPL in "out years" due to possible UPL phase-in through September 30, 2008).	(75.0)
? HIPAA (except for Itemized Data Collection) - Beginning April 2003, per DHS Information Systems Branch (ISB). Transaction and Code Sets (TCI) component is included in estimates above, \$8.8 M.	(12.7) (at least)
? SB 1953 (Seismic Safety) - Current DHS estimate beginning in FY 03-04 for operating costs. Per Health Facilities Planning on April 3, 2002, the capital projects costs are being funded by the CAO. The estimates are \$14.6 for FY 02-03; \$32.7 for FY 03-04; \$65.8 for FY 04-05; \$37.9 for FY 05-06; and \$6.4 for FY 06-07.	(9.7 - 15.5) (one-time)
? Federal FY 2003 and Forward Budgets	?
? State Medi-Cal Administrative Reimbursement Reduction	(0.3)
? Application of Additional Tobacco Settlement Funds - Proposed use for one-time DHS transition costs; current County accumulated balance - future annual proceeds expected to be about at DHS/DMH current expenditure levels. For FY 01-02, the Tobacco Settlement revenue was higher than expected while actual uses were lower.	202.6 (one-time)

^(1a) Adjusted for one-time \$24 million Medi-Cal Outpatient Service Settlement.

⁽²⁾ Major components contributing to these estimated shortfalls are:

	Fiscal Year		
	FY 03-04	FY 04-05	FY 05-06
Increases in Salaries and Employee Benefits	\$ (198.3)	\$ (265.5)	\$ (338.0)
Other Cost Changes	(124.3)	(166.6)	(200.7)
Revenue Changes (Non-1115 Waiver)	(24.7)	(17.3)	(10.1)
Cost Savings/Other Measures	(59.6)	(59.6)	(59.6)
Increases in Operating Subsidies	45.9	67.2	75.9
Changes in Operating Trends	(6.1)	2.0	10.4
1115 Waiver Phase-Out	(107.2)	(152.7)	(232.6)
Change in Use of Surplus Designation Funds from FY 01-02 Level	97.2	(7.1)	(7.1)
SHORTFALL FROM FY 01-02 LEVEL	\$ (377.0)	\$ (599.6)	\$ (761.9)
Less: Board-Approved Scenario III reductions	182.2	309.5	357.5
Shortfall from FY 01-02 Level	\$ (194.8)	\$ (290.1)	\$ (404.4)

⁽³⁾ Now based on State-Proposed formula to CMS.

DEPARTMENT OF HEALTH SERVICES
DHS FISCAL OUTLOOK SUMMARY
UPDATE RECONCILIATION
September 2002
(\$ In Millions)

Attachment A2

	Change from Previous Forecast				
					Post Waiver
	FY 01-02	FY 02-03	FY 03-04	FY 04-05	FY 05-06
SURPLUS / (DEFICIT) as of June 26, 2002	\$ 34.9	\$ -	\$ (326.6)	\$ (549.2)	\$ (709.4)
Approved Salary COLA, Variable Employee Benefits	-	(14.4)	(16.4)	(18.4)	(20.4)
Reduce LACERA Credit	-	-	(0.2)	(0.2)	(0.2)
Services and Supplies COLA	-	(7.5)	(13.0)	(18.8)	(24.8)
Pharmacy Costs	-	5.1	5.6	6.3	8.0
CRM Technology Purchase Deferral	(2.1)	(0.6)	(1.8)	(4.3)	(0.0)
Other County Departments	-	(3.4)	(3.4)	(3.4)	(3.4)
Interest Expense	4.9	-	-	-	-
Utilities	14.2	(0.0)	(0.0)	(0.0)	(0.0)
Debt Service (Commercial Paper & Capital Lease)	-	0.8	-	-	-
LAC+USC CPSA (Medical School Contract)	(1.7)	-	-	-	-
Compucare Contract Changes	2.6	-	(9.0)	(10.1)	(10.1)
Phase In of Sanctionable Waiver Projects	-	(4.0)	(0.8)	(1.1)	(1.1)
Medical Malpractice	(1.0)	-	(0.5)	(0.5)	(0.6)
Capital Projects (Includes SB 1953 Planning & Evaluation)	1.9	1.5	1.5	1.5	1.5
Prior Years' PFSW Surplus	(1.2)	-	-	-	-
Dept of Mental Health	-	(7.0)	(7.0)	(7.0)	(7.0)
Prior-Year Medicare Settlements	5.6	-	-	-	-
Federal Medicare Changes (BIPA 2000 and COLA)	-	-	(0.5)	(0.4)	(0.4)
County Trauma Hospitals - SB 612 Revenues	-	0.5	0.5	0.5	0.5
Third-Party Liabilities	(20.6)	-	-	-	-
HDH SNF Reimbursement Increases	(1.3)	(0.3)	(0.3)	(0.3)	(0.3)
Reengineering Forecast	-	-	(2.3)	(3.5)	(3.5)
Other Strategic Plan Objectives	-	0.1	0.1	0.1	0.1
Identified "Other Measures" Savings	(0.0)	(0.0)	(0.2)	(0.2)	(0.1)
Trust Fund Reserve	-	(68.2)	-	-	-
Sales Tax	(3.2)	(3.2)	(3.2)	(3.2)	(3.2)
Vehicle License Fees	13.7	-	-	-	-
Current Year Operations	52.9	6.5	6.5	6.5	6.5
Nurse Staffing Ratios Law (AB 394 & 1760)	-	-	(2.7)	(2.8)	(2.9)
Administrative Consolidations and Efficiencies	-	5.5	5.5	5.5	5.5
CHP Equity Distribution	(15.9)	-	(0.0)	(0.0)	(0.0)
Medi-Cal (Litigation) Outpatient Rate Increase - ER	-	0.4	0.9	1.4	1.4
SB 855 OBRA Liability / Administrative Fee Increase	(27.9)	(11.0)	(11.0)	(11.0)	(11.0)
Medicaid outpatient emergency service (AB 915)	-	9.8	13.0	13.0	13.0
Additional Designation to be <i>Used</i> /(Unavailable) to Balance Budget	-	32.7	(11.7)	-	-
SURPLUS / (DEFICIT) as of September 2002	\$ 55.8	\$ (56.8)	\$ (377.0)	\$ (599.6)	\$ (761.9)
Less: Board Approved Scenerio III Reductions	-	56.8	182.2	309.5	357.5
Net SURPLUS / (DEFICIT) as of September 2002	\$ 55.8	\$ 0.0	\$ (194.8)	\$ (290.1)	\$ (404.4)

SERVICE BENEFIT LIMITATIONS AND EXCLUSIONS FOR SELECTED COMPARABLE PLANS

PROPOSED TYPES OF MEDICAL SERVICES NOT PAID OR PROVIDED BY COUNTY ON THE BASIS OF RESOURCE AVAILABILITY		PLAN *																	
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	All procedures and treatment designed primarily to improve appearance or self-image, e.g., cosmetic surgery, rather than ameliorate disability	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
2	Treatment for sexual dysfunction	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
3	Treatment in an extended or long-term care facility	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
4	Board and care		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
5	All diagnostic, therapeutic and rehabilitative procedures and services which are considered experimental or of unproven medical efficacy pursuant to the California Medical Assistance Act (Medi-Cal)		x		x	x		x	x	x	x	x	x	x	x		x	x	x
6	Routine dental radiologic studies, orthodontia, and fixed prostheses.	x	x		x	x		x	x		x	x	x	x		x	x		
7	Routine injections of antigens to ameliorate allergic conditions	x	x		x	x		x	x		x	x	x	x		x	x		
8	Custodial care				x	x		x	x		x	x	x	x	x	x	x		x
9	Acupuncture	x			x	x		x			x	x				x	x	x	x
10	Chiropractic	x			x	x		x			x	x				x	x	x	x
11	Bone marrow transplants and all related services		x	x		x		x		x	x						x		x
12	Hearing aids	x				x					x	x		x		x			
13	Routine audiology exams for patients without a medical problem					x					x	x		x			x		
14	Eye glasses	x	x											x			x		
15	Routine physical examinations for patients without a medical problem, e.g., school, employment	x	x									x					x		
16	All infertility services	x	x																
17	Medical services outside County	x	x																
18	Skilled nursing and intermediate care facility service		x																
19	Reversal of voluntary sterilization		x																
20	Adult day care health services	x																	

* NOTE: MANY PLANS MAY EXCLUDE CERTAIN SERVICES ON THE BASIS OF "MEDICAL NECESSITY", i.e., THE SERVICE IS "COVERED ONLY WHEN MEDICALLY NECESSARY OR APPROPRIATE".

Plan Legend: (X = Excluded Service)

(A) Orange County Medical Services for Indigents (MSI)

(B) San Diego County Medical Services (CMS)

(C) LACO DHS - (Inpatient Medi-Cal Contract)

(D) PASC - SEIU Homecare Workers Health Care Plan (IHSS)

(E) Medicaid

(F) Medi-Cal (The CDHS Medi-Cal Field Office determines inpatient medical necessity for Medi-Cal admissions via the Treatment Authorization Request (TAR) process; CMS California Children Services (CCS) determines medical necessity for Medi-Cal/CCS admissions.)

(G) Orange County CalOPTIMA

(H) San Diego County Healthy San Diego

(I) LA Care - Blue Cross

(J) Blue Cross HMO

(K) Blue Shield Uniform Health Plan

(L) Aetna/US HEALTHCARE

(M) HealthNet

(N) KAISER Personal Advantage 2002

(O) PacificCare Individual HMO Plan

(P) MEDICARE (Original Plan)

(Q) Veterans' Administration Healthcare

(R) TRICARE (Standard Plan)



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Comprehensive Health Center and Hospital Transportation Options

Attachment C

LAC DHS Comprehensive Health Centers and Hospitals				MTA and other Fixed Route Buses Serving Health Centers			Other/Local Services	
Name	Address	City	Telephone Number	Line	Line Description	Nearest Bus Stop	Transit Service	Telephone Number
El Monte CHC	10953 Ramona Blvd.	El Monte	(800) 383-4600	76	L.A. - El Monte via Valley Blvd.	Ramona & Tyler	El Monte Trolley	(626) 580-2242
Hudson CHC	2829 South Grand Ave.	Los Angeles	(213) 744-3945	38	West Jefferson	Grand & 30th		
Humphrey CHC	5850 South Main St.	Los Angeles	(323) 846-4312	108	Slauson	Main & Slauson	DASH Southeast	(213, 310, 323 or 818) 808-2273
Long Beach CHC	1333 Chestnut Ave.	Long Beach	(562) 599-2153	232 Long Beach 45	Long Beach - LAX	Anaheim & Daisy	Long Beach Transit	1-800-COMMUTE
Mid-Valley CHC	7515 Van Nuys Blvd.	Van Nuys	(818) 947-4000	156 233 561 169	Panorama City - Van Nuys - North Hollywood Green Line - LAX - Van Nuys Blvd. Saticoy St. - Sunland Blvd.	Van Nuys & Saticoy		
Roybal CHC	245 South Fetterly Ave.	East Los Angeles	(323) 780-2373	258-259 MB 40	Alhambra - Fremont Ave. - Arizona Ave. - Eastern Ave.	Mednik & 3rd		
Harbor/UCLA Medical Center	1000 West Carson St.	Torrance	(310) 222-2345	T1 & 3 GA 2	Torrance 1 & 3 Gardena 3	Harbor/UCLA Medical Center		
LAC+USC Medical Center	1200 North State St.	Los Angeles	(323) 226-2622	70 71 250 251 620	Los Angeles - El Monte via Garvey W. Jefferson Blvd. - City Terrace Euclid - Evergreen - Boyle Soto St. - Daly St. - California Ave. B	Marengo & State Zonal & State		
MLK/Drew Medical Center	12021 Wilmington Ave.	Los Angeles	(310) 668-4321	55 120	L. A. - Compton Ave. - Imperial Station Imperial Hwy. - LAX	Wilmington & 120th	Hahn Trolley	(213, 310, 323 or 818) 808-2273
Olive View/UCLA Medical Center	14445 Olive View Dr.	Sylmar	(818) 364-1555	90, 91, 94 Santa Clarita 790	San Fernando Rd. Foothill Blvd. - Pennsylvania Av (La Crescenta Ave.) - Glendale Ave.	Olive View Medical Center		

Transit Information: Call 1-800-COMMUTE or visit Metro Trip Planner at <http://www.mta.net> (TTY 1-800-252-9040)

Paratransit Programs/Programas de transporte alternativo: Call 1-800-431-7882 (TDD 1-800-431-9731)

Access

RideInfo

Accessible Transportation Referral Service

1-800-431-7882

TDD 1-800-431-9731

for
**Los Angeles
County**

A service of

access Services

"Maximizing Mobility"

Los Angeles County residents are fortunate to have many accessible transportation options. These options include fully accessible fixed-route transit buses, local dial-a-ride services and paratransit programs. One or more of these options are available in each of Los Angeles County's 88 cities.

What Is Access RideInfo?

Access RideInfo is a referral service which matches an individual's transportation needs with available accessible transportation. **Access RideInfo** provides quick and accurate referrals to more than 200 public and private accessible transportation providers in Los Angeles County. Just call 1-800-431-7882 from anywhere in Los Angeles County.

How Much Does It Cost?

It doesn't! This is a toll-free referral service ... simply call 1-800-431-7882 to find out more about accessible transportation options in Los Angeles County ... do it today!

How To Use Access RideInfo

- 1) Dial 1-800-431-7882
- 2) Tell the information specialist your location and where you want to go
- 3) Describe any special needs you have, such as a vehicle equipped with a wheelchair-lift
- 4) The information specialist will tell you about the accessible transportation options that are available to you

Referral hours are:
Monday - Friday
8:00 a.m. - 5:00 p.m.

**Why Not Call
Access RideInfo Today?**

1-800-431-7882

TDD 1-800-431-9731
(for the hearing impaired)

access Services

Access

RideInfo

**Servicio de
derivación a
transportes
accesibles**

**1-800-431-7882
TDD 1-800-431-9731**

**para el condado
de Los Angeles**

Un servicio para
access Services
"Aumentar al máximo la
movilidad"

Los residentes del condado de Los Angeles son afortunados por tener muchas opciones de transporte accesible. Estas opciones incluyen autobuses locales de ruta fija accesibles, servicios telefónicos locales para pedir el viaje, y programas de transporte alternativo. Algunas de estas opciones o más están disponibles en cada una de las 88 ciudades del condado de Los Angeles.

¿Qué es Access RideInfo?

Access RideInfo es un servicio de referencia que coordina las necesidades de transporte de un individuo con el transporte accesible y disponible. Access RideInfo brinda referencias rápidas y precisas a más de 200 proveedores públicos y privados de transporte en el condado de Los Angeles. Simplemente llame al 1-800-431-7882 desde cualquier lugar del condado de Los Angeles.

¿Cuanto cuesta?

¡No cuesta nada! Es un servicio gratis...simplemente llame al 1-800-431-7882 para averiguar más sobre las opciones de transporte accesible dentro del condado de Los Angeles... ¡Hágalo hoy!

Como usar Access RideInfo

- 1) Marque 1-800-431-7882
- 2) Dígle a la operadora dónde se encuentra usted y a dónde quiere ir
- 3) Describa cualquier necesidad especial tal como la de un vehículo con plataforma elevadiza para silla de ruedas.
- 4) La operadora le contará sobre las opciones de transporte accesible que están disponibles para usted

**Las horas de servicio
telefónico son de lunes a
viernes: desde las 8 a.m.
hasta las 5 p.m.**

**¿Por qué no llama hoy a
Access RideInfo?**

1-800-431-7882

TDD 1-800-431-9731
(para los sordomudos)

access Services

For Transit Information: call 1-800-COMMUTE

Information Available Daily

6:00am to 8:30pm Mon-Fri

8:00am to 6:00pm Sat-Sun

Closed Holidays

Se habla Español

For the Hearing Impaired:

TTY 800-252-9040

**Or visit the
Metro Trip Planner
on the web at
<http://www.mta.net>**



**Metropolitan
Transportation
Authority**

**One Gateway Plaza
Los Angeles, CA 90012-2952**